Name In Full: Ross Biscoe

Certificate of Death

Died at: Town: Leonardtown County: St. Mary's MARYLAND

Date 189 9 June 23 (Month Day) Age Y. 18 M. D. Native of St. Mary's Occupation Farm hand

Male yes ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored yes Single yes ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name — Mother's Name Charlotte Biscoe

Cause of Death: Primary Drowning 148 — How long sick

Immediate — Accident, ~~Suicide, Homicide~~

Reported by Jos H. Ching

Address Leonardtown [redacted] rec'd Jos Morgan acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. ——

of

Seen by Coroner Jo F Morgan

of Leonard Town Md

Information contained in this certificate received

from Jo F Morgan

of Leonard Town Md

Name in Full | Certificate of Death

Annie Butler

Died at Town: Bushwood County: St. Mary's MARYLAND

Date 1899 Month: June Day: 8 | Age Y. 5 M. - D. - | Native of: Md | Occupation: ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name: Robert Butler | Mother's Name: Mary Butler

Cause of Death: Primary: Unknown | How long sick: Unknown

Immediate: Epileptic Convulsions | ~~Accident, Suicide, Homicide~~

Reported by: Robt. V. Palmer M.D.

Address: Palmers' Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

# Mrs Annie Heard

Certificate of Death

Died at Town: Hollywood County: St Marys MARYLAND

Date 189 9 Month: June Day: 28 Age Y. M. D. Native of: St Marys Occupation: Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | Divorced

Number of children living 4

Husband / Wife of W. F. Heard

Father's Name R. King Clark Mother's Name Rebecca Clark

Cause of Death: Primary Abortion 1190 How long sick Ten days

Immediate Septicaemia Accident, ~~Suicide, Homicide~~

Reported by Thos Lynch MD

Address Leonardtown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Robert Higgs

Died at Town: Oak Point | County: St Marys Co | MARYLAND

Date 1899 | Month: 6 | Day: 3 | Age Y. M. D. | Native of: Md | Occupation: Farmer

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 6

Husband / Wife of

Father's Name | Mother's Name

Cause of Death: Primary: Pneumonia 72 | How long sick: 5 days

Immediate: Strangulation | Accident, Suicide, Homicide

Reported by J. O. Lee

Address Oakville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Anne Plauden

Died at Town: Sotterley County: St Marys Co MARYLAND

Date 1899 Month: June Day: 23 Age Y. 20 M. D. Native of: Md Occupation: Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name Beckie Plauden

Cause of Death: Primary Consumption

Immediate 22a

How long sick 8 mos

Accident, Suicide, Homicide

Reported by J. O. King M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Charles H. Yorkshire

Died at Town: Morganza County: St. Marys MARYLAND

Date 1899 Month: June Day: 29 Age Y.: 43 M.: 1 D.: 9 Native of: Md Occupation: Laborer-

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living ~~X~~ 10

Husband ~~Wife~~ of Josephine Herbert

Father's Name: Elexious Yorkshire Mother's Name: Sally Herbert

Cause of Death: Primary 144 How long sick

Immediate: Dislocation Cervical Vertebrae Accident, ~~Suicide~~, ~~Homicide~~

Reported by L. B. Johnson M.D.

Address Morganza

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968